Santa Barbara Channel Swim Association
SWIM LOG

Swimmer or Relay Team: **Swimmer Coach:**

Relay Members:

Relay Members:

Swim Undertaken:

Support Vessel: **Vessel Captain:**

Observers:

Start Date: **Finish Date:**

Start Time: **Finish Time:**

Total Time:

Paddlers:

Time	Water Temp	Air Temp	Stroke Rate	Observations: (Incidents, weather, waves, etc.)

Observer Signature: _____

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Swimmer or Relay Team: **Observer:**

Time	Water Temp	Air Temp	Stroke Rate	Observations: (Incidents, weather, waves, etc.)

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Observer Initials:_____